

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/12/2013	
NAME OF PROVIDER OR SUPPLIER CROWNPOINTE OF INDIANAPOLIS				STREET ADDRESS, CITY, STATE, ZIP CODE 7365 E 16TH ST INDIANAPOLIS, IN 46219			
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R000000	<p>This visit was for Investigation of Complaint IN00126258.</p> <p>Complaint IN00126258 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies cited.</p> <p>Survey Dates: April 11 and 12, 2013</p> <p>Facility Number: 005729 Provider Number: 005729 AIM Number: N/A</p> <p>Survey Team: Karina Gates BHS TC Beth Walsh RN Courtney Mujic RN</p> <p>Census Bed Type: Residential: 67 Total: 67</p> <p>Census Payor Type: Other: 67 Total: 67</p> <p>Sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p>			R000000	<p>Neither signing or submission of this plan of correction shall constitute an admission of any deficiency or of any fact or conclusion set forth in the "Statement of Deficiencies". This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	Quality review 4/15/13 by Suzanne Williams, RN						

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R000216	<p>410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility.</p> <p>Based on observation, interview and record review, the facility failed to adequately assess a resident for her ability to safely utilize a microwave prior to providing her one for her apartment. This affected 1 of 1 resident randomly reviewed for safe microwave utilization. (Resident A)</p> <p>Findings include:</p> <p>The clinical record for Resident A was reviewed on 4/11/13 at 1:00 p.m. Resident A was admitted on 3/27/13 from an extended care facility at which she resided since 3/17/09.</p> <p>The diagnoses for Resident A included, but were not limited to: chronic headache, hyperlipidemia and diabetes mellitus.</p>	R000216	<p>Resident A was provided orientation to her microwave, as documented on the "New Resident Orientation". All current residents were interviewed using the "New Resident Orientation" as a guideline, to ensure that all residents who have a microwave provided by CrownPointe; have an understanding of operation of the appliance. A "New Resident Orientation" checklist has been developed, to ensure that residents have a clear understanding and operation of appliances provided by CrownPointe. The "New Resident Orientation" will be reviewed and signed by the Executive Director or their designee within 72 hours of admission, ongoing monitoring of residents ability to operate appliances will be addressed during their quarterly service plan review.</p>		04/26/2013		

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	<p>On 4/11/13 at 12:30 p.m., the fire alarm in the building was going off. The E.D. (Executive Director) was observed running down the hallway toward Resident A's apartment. The smell of burnt food strongly permeated the first floor. The fire department was there.</p> <p>On 4/11/13 at 12:45 p.m., an interview was conducted with the E.D. regarding the above situation. She indicated Resident A burned chicken in the microwave in her room, and Resident A was new to the facility.</p> <p>On 4/11/13 at 12:47 p.m. an interview was conducted with Resident A in her apartment. The windows in Resident A's apartment were open and the odor from the burnt chicken was very strong. She indicated she was in the living room area of her apartment, not visible from the microwave area, and forgot about the chicken in the microwave. She stated, "It started whistling." At this time, Resident A was observed attempting to open her microwave, but was unsuccessful at doing so after four attempts as two of her attempts at opening it were to push the start button on the microwave. Resident A stated, "They took the chicken out of here in a bag."</p>						

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	<p>During review of Resident A's clinical record, no safety assessment for microwave use, check-off list for microwave use, or microwave use orientation could be found.</p> <p>During an interview with the E.D. on 4/12/13 at 10:08 a.m., she indicated the facility did not have an orientation or check-off for microwave use for residents. She stated, "I've been told if they set the alarm off repeatedly, it's addressed on an individual basis. I think yesterday's incident was just an accidental "whatever." I think she is cognitive enough to use the microwave. We provided the microwave. I talked to her (relationship of family member) and she said on admission she could use it.</p> <p>Resident A's 3/27/13 Service Plan indicated her mental status was best described as "Alert, oriented-makes sound, independent decisions." It also indicated she was "Able to feed self independently, but requires: A) meal set-up, B) Intermittent assistance or supervision from another person, OR, C) liquid, pureed or ground meat diet." Nowhere in Resident A's clinical record did it indicate she was on a liquid, pureed, or ground meat</p>						

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	<p>diet.</p> <p>The "Recap of Resident's Stay" from the extended care facility at which she previously resided for 4 years prior to 3/27/13 indicated, "Resident is alert and oriented x 3, but has some forgetfulness at times."</p> <p>An interview was conducted with the Resident Services Director, who completed Resident A's service plan, on 4/12/13 at 11:10 a.m. She indicated neither Resident A nor her family was involved in creating Resident A's service plan and that Resident A had not seen her service plan nor was she aware of it. She indicated she based Resident A's mental status on "what she said the day she came in. I observed her on admission for about an hour or an hour and a half." She indicated she did not orient Resident A to the microwave in her room. She indicated the microwave was not delivered to Resident A for a couple of days after her admission, but she wasn't sure who delivered it. She stated, "The E.D. and I talked about the incident. It never really dawned on me that a microwave could be a safety issue until yesterday. We'll have to look into assessing someone for that type of appliance and whether</p>						

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	<p>they're shown the proper way to use things. Her access to a microwave over the past 4 years at an E.C.F. was probably limited, if at all."</p> <p>During another interview with the E.D. on 4/12/13 at 12:10 p.m., she indicated maintenance put the microwave in Resident A's room and that she had it since 4/4/13. She also indicated she didn't think there was a policy for microwave use.</p> <p>During an interview with the Corporate Maintenance Staffperson on 4/12/13 at 12:14 p.m., he indicated when a microwave is delivered to a resident, the resident is asked if they have any questions. He stated, "Most people know how to use it. We set the clock." He indicated there was no checklist for delivery of a small appliance, but delivery was documented in the logs. At 12:25 p.m. on 4/12/13, the Corporate Maintenance Staffperson stated, "I couldn't find any documentation on (name of Resident A's) microwave delivery."</p> <p>During an interview with Resident A's family member on 4/12/13 at 1:00 p.m., she indicated, "They called me yesterday and told me what happened. I'm going in there now,</p>						

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	<p>just to orient her to the microwave, show her how to use it...I think they just dropped it off and didn't show her how to use it. She's had it about a week. She told me they just asked her if she liked it and nothing else."</p> <p>The Evaluation of Individual Resident Needs policy was provided by the E.D. on 4/12/13 at 1:00 p.m. It indicated, "It is the policy of this facility that the individual needs of each resident will be assessed prior to and upon admission/readmission to the facility."</p>						